

## **CAP-MR/DD Respite Care Endorsement Check Sheet Instructions**

### **Introduction**

Prior to site and service endorsement, business verification must take place. During the process of business verification, the provider organization submits a self study of the core rules (10A NCAC 27G .0201-.0204) verifying that they have met all the requirements therein. (The provider is not required to submit this if nationally accredited, licensed with DFS or has had a compliance review from NC Council of Community Programs within the past three years.) The documents created in adherence with the core rules should be utilized as evidence of provider compliance where noted in the check sheet and instructions.

The following set of instructions is to serve as general guidelines to facilitate the review of providers for endorsement. Service definitions, core rules (as noted above), staff definitions (10A NCAC 27G .104) and other DHHS communications (e.g. Service Records Manual, Communication Bulletins, Implementation Updates and other publications) should be used to support the reviewer's determination of compliance. In addition, the Business Entity Type Reference document (attached) assists to clarify the requirements for different business entities such as corporations, partnerships and limited liability corporations and partnerships.

### **Provider Requirements**

In this section, the provider is reviewed to ascertain that requirements are met in order for services to be provided. The provision of services is addressed later in this endorsement process.

- 1. a - f** Review identified documents for evidence that provider meets DMH/DD/SAS and/or DMA standards as related to administration responsibilities, financial oversight, clinical services and quality improvement. These standards include, but are not limited to, policies and procedures (contents of which are mandated in 10A NCAC 27G .0201 – Governing Body Policies) and the key documents required by law for the formation of the business entity (refer to attachment titled Business Entity Type).

Meet the provider qualification policies, procedures, and standards established by the Division of Medical Assistance (DMA); Review DMA enrollment document to verify provider's date of enrollment

Review documentation that demonstrates provider is a legal US business entity. Documentation should indicate the business entity is currently registered with the local municipality **or** the office of the NC Secretary of State, that the information registered with the local municipality **or** the Secretary of State is current, and that there are no dissolution, revocation or revenue suspension findings currently attached to the provider entity. Also review corporate documentation demonstrating registration to operate a business in NC. Information for corporate entities may be verified on the web site for the Secretary of State (refer to key documents section of attachment titled Business Entity Type).

As applicable licensed by DFS as a facility respite care in accordance with GS 122C

Review the documentation that demonstrates the provider has been accredited by a designated accreditation agency.

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### **2. Staffing Requirements**

**2 a-j** In this section, the reviewer is primarily concerned with the hiring practices of the provider and ensuring that all employees in place are equipped with the education, training and experience to work with the population served in the capacity and at the level of intervention for which they were hired. Staff providing the service of Respite Care must meet requirements for paraprofessional in 10A NCAC 27G .0100-.0200. In addition, the staff must meet client specific competencies as identified by the participant's person centered planning team and documented in the Person Centered Plan/Plan of Care. These requirements must be met as outlined in the CAP-MR/DD waiver approved by the Centers for Medicaid and Medicare.

Review personnel files; supervision plans or other documentation that staff minimum requirements and supervision requirements are met. Review the job description for paraprofessionals and review the program description and personnel manual to determine the role and responsibilities of such staff and the expectation regarding supervision. Review the following for each paraprofessional:

- Employment application,
- Resume,
- Other documentation for evidence of at least a GED or high school diploma. Existing staff must have either a) High School diploma or b) they will have 18 months to obtain their GED upon implementation of the waiver. All new staff must have proof of High School Diploma or GED upon implementation of the waiver.
- Client Specific Competencies Trainings
- Staff must successfully complete First Aid, CPR and DMH/DD/SAS Core Competencies and required refresher training

Each paraprofessional must have an individualized supervision plan that is carried out by a Qualified Professional or an Associate Professional. Review supervision plans to ensure that each paraprofessional is receiving supervision and review notes, schedule and other supporting documentation that demonstrate on-going supervision by the Qualified Professional or Associate Professional. In addition, the Person Centered Plan/Plan of Care must be reviewed to determine the client specific competencies to be addressed for the participant.

### **Enhanced Respite:**

**Staff providing the enhanced level of Respite Care must have additional training to address the behavioral or medical issues identified in the Person Centered Plan/Plan of Care and are specifically trained to conduct personal care tasks or behavioral procedures.** Personnel files must be reviewed to determine that documentation reflects additional training specific to the medical and/or behavioral needs of the participant. The reviewer should look for the following documentation:

- **Additional Training specific to the medical and/or behavioral needs of the participant**
- **Additional skill level**
- **Additional training so that a higher level of decision can be made**
- **Additional supervision**

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### **Nursing Respite**

Personnel files must also be reviewed to insure that staff providing nursing respite have the appropriate North Carolina registration license of RN or LPN. Other documentation that should be reviewed includes the doctor's order which indicates the need for nursing respite.

Review of personnel files should include review of:

- Documentation verifying criminal record check
- Healthcare registry check
- Driving record must be checked if providing transportation. Have a North Carolina or other valid driver's license
- Have an acceptable level of automobile liability insurance (copy of insurance and registration)

### **\*NOTE: Respite Care Institutional**

State developmental centers have deemed status for all training and documentation requirements. This type of respite must be provided in a Medicaid ICF-MR bed in a State regional developmental center. This type of respite is generally used when community-based services are not available to care for the person. There must be clear justification outlined within the Person Centered Plan for the level of Respite Service needed.

### **3. Service Type/Setting**

Respite Care provides periodic relief to the family or primary caregiver and is provided in a variety of settings including the participant's home or place of residence; foster home, licensed respite facility, or other community care residential facility approved by the state that is not a private residence including : Alternative Family Living (AFL) arrangement or Certified Respite providers home.

Enhanced Respite Care is for participants receiving waiver funding who have intense medical or behavioral needs and can be provided in the same locations listed above.

### **4. Program/Clinical Requirements**

The elements in this section pertain to the provider's having an understanding of the service of Respite Care:

- 4a.-c.** Review program description which should reflect that services were provided for the relief of the family or primary caregiver. Program description should reflect that the service supports only those who are considered to be the primary caregiver, i.e. a person must be principally responsible for the care and supervision of the participant, and must maintain their primary residence at the same address as the covered participant.

Review the participant's Person Centered Plan/ Plan of Care to insure that the plan reflects the service and an outcome is included related to Respite Care. Review service notes to verify that the programming is consistent with the participant's needs (as indicated in the Person Centered Plan/Plan of Care). If the enhanced level or nursing

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level is provided the program description should reflect how additional training is provided to staff. The Person Centered Plan/Plan of Care and personnel files should reflect additional training requirements and documentation to validate the need. The NC-SNAP should be reviewed since the specific medical or behavioral needs of the participant are identified within the NC-SNAP.

### **5. Service Limitations:**

**5. a.-k.** Review program description as well as billing records to verify that billing of Respite Care does not include medical transportation or is provided during medical transportation.

Review program description, policies and procedures, and Person Centered Plan/Plan of Care as well as service notes to verify that Respite Care is not provided when the participant is home for the purpose of a family visit. Copies of any appropriate licenses must also be reviewed.

Review program description, policies and procedures, Person Centered Plan/Plan of Care and service notes to insure that the following limitations are adhered to:

- Participants who neither live in licensed group homes or adult care homes nor receive Respite Care
- Respite Care is not provided to a participant when the participant is home for the purpose of a family visit
- The service is not used as a daily service
- Is not provided for participants who are living alone or with a roommate
- Staff sleep time is not reimbursable
- Respite is only provided to the waiver recipient and not other family members such as siblings. Siblings of the participant may not receive care or supervision from the provider while Respite care is being provided/billed for the participant;
- Respite is not provided by any person who resides in the participant's primary place of residence
- The cost of Respite during a 24 hour period does not exceed the per diem rate for the average community ICF-MR
- Respite is not provided at the same time the participant receives regular Medicaid Personal Care Service, a Home Health Aide visit or another substantially equivalent service

This service may not be provided at the same time of day that a participant receives: Personal Care, Adult Day Health, Day Supports, Home and Community Supports, Specialized Consultative Therapy, Supported Employment, Residential Supports, or Transportation OR one of the regular Medicaid services that works directly with the participant, such as Personal Care Services, Home Health Services, MH/DD/SAS Community Services, or individual therapies.

Review the participant's Person Centered Plan/ Plan of Care to verify that they are consistent with the above and to insure that outcomes related to residential and community living are included. Review service notes to verify that the programming is

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consistent with the above as well as participants needs (as indicated in the Person Centered Plan/Plan of Care).

### **Documentation Requirements**

Respite Services are documented on a grid. The grid shall include, but is not limited to, the following:

- full date the service provided (month/day/year);
- duration of service for periodic and day/night services;
- purpose of the contact as it relates to a goal in the service plan;
- description of the intervention/activity;
- assessment of participant's progress toward goals;
- for professionals, signature and credentials, degree, or licensure of the clinician who provided the service;
- and, for paraprofessionals, signature and position of the individual who provided the service

A grid which reflects the elements noted above shall be documented at least daily per service by the individual who provided the service

Review the provider's Policy and Procedure Manual to verify that documentation requirements are consistent with requirements noted above. Refer to the Records Management and Documentation Manual for grids to verify that documentation is consistent with requirements

Review the provider's Policy and Procedure Manual to verify that documentation requirements are consistent with requirements noted above. Review service notes to verify that documentation is consistent with requirements.